

REQUEST FOR NOMENCLATURE

Form Approved
OMB No. 0704-0188

The public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports (0704-0188), 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number. **PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ADDRESS.**

1. ORIGINATOR AND ADDRESS (Include ZIP Code)

2. THRU OR VIA (Include ZIP Code)

3. TO (Include ZIP Code)

4. DATE OF REQUEST

5. DESCRIPTION PER DP NO.

6. SOURCE REQUEST NO.

7. SECURITY CLASS OF EQUIP

8. FEDERAL SUPPLY CLASS

9. STOCK NO. (When available)

10. ACTION REQUESTED

☐ REVISION

☐ CANCELLATION

☐ ASSIGNMENT

11. FOR REVISIONS NOTE CHANGE IN

☐ ITEM NAME

☐ TECHNICAL DATA

☐ TYPE DESIGNATION

☐ SECURITY CLASS OF EQUIP

☐ SECURITY CLASS OF TECH DATA

12. TYPE OF NOMENCLATURE REQUESTED (X one)

☐ EXPERIMENTAL OR DEVELOPMENT

☐ PREPRODUCTION OR PRODUCTION

13. RECOMMENDED NOMENCLATURE

TECHNICAL DATA

14.

(1) FEDERAL CATALOGING ITEM NAME

15. FUNCTIONAL DESCRIPTION

16. CONTRACT OR ORDER NO.

17. GOVT DRAWING NO.

18. GOVT SPECIFICATION NO.

19. DATE ACTION TAKEN TO (For use by Control Point only)

☐ ASSIGN

☐ CANCEL

☐ REVISE

20. PROJECT GROUP

21. EQUIPMENT OF WHICH THIS ITEM IS A PART

22. EQUIPMENT WITH WHICH THIS ITEM IS USED

23. INITIATOR REQUESTING SUFFIX LETTER ASSIGNMENT OR NEW ASSIGNMENT WILL MARK APPROPRIATE BLOCK. COMPLETE DETAILS CON-

- ☐ TWO WAY INTERCHANGEABLE, EXCEPT BY MAINTENANCE PARTS, WITH *(List equipments)*
☐ TWO WAY INTERCHANGEABLE, INCLUDING MAINTENANCE PARTS, WITH *(List equipments)*
☐ ONE WAY INTERCHANGEABLE WITH *(List equipments)*
☐ SIMILAR TO *(List equipments)* BUT NOT ☐ ELECTRICALLY, ☐ MECHANICALLY,
☐ FUNCTIONALLY, INTERCHANGEABLE *(X appropriate block or blocks and specify differences)*

24. OTHER PERTINENT INFORMATION *(List any additional information not covered by the above questions concerning function, application, purpose, relationship or similarity to other equipment, reason for revision, substitutability of or by other equipment, description of the design change, etc., which would aid in the assignment of nomenclature to this request.)*

25. INITIATED BY *(Name, Title and Telephone Extension)*

26. SIGNATURE

FOR USE BY NOMENCLATURE CONTROL POINT ONLY

27. AUTHORIZED NOMENCLATURE

28. AUTHORIZED BY *(Name, Title and Telephone Extension)*

29. SIGNATURE